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10		(Pa	yco)	·································							
		dress)									
N 1D - C		I ANT	(City) FICLES OR SERVICES	(State)		UNIT	PRICE	AMOUN	· · ·		
No. and Date of Order	Date of Delivery or Service	(Enter description, ite schedule, and of Discount Terms	m number of contrac her information deem	t or Federal supply ed necessary)	QUANTITY	Cost	Per	AMOUN Dollars	Cti		
		PASCOURT TEIMS							-		
		Cost						192	2.8		
AND STATE				,							
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certify that the a	above bill is correct	t and just and that paymen	t has not been received	d. (Pa	ayee must NO	Γ use this	space)		-		
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$_{\text{ate}} = 3/10/5$	8*Payee	not required when a like cer	tificate is made by payce on attacl						سرد- ا		
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ontract No. 🖍	1-101	Date	Reg. No.	(04)	Date		voice Rec'd				
ursuant to author	ity vested in me, I	I certify that this account is	correct and proper for	payment.							
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			SIGN		(Authorize	ed Certifyli	g Officer)				
у			ORIGINAL ONLY	Title				·	- 		
itle				Date							
	THE REVERSE OF TH	IS FORM MUST BE EXECUTED WHE	IN PURCHASES ARE MADE O								
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Standard Form No. 1035a—Revised Form prescribed by Comptroller Approved For Release 2009 for for CIATROP 64-00560R000600010151-8 September 4150 Services Other Than Perso. CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUAN- TITY	UNIT PRICE		AMOUNT	
					Cost	Per	Dollars	Cts
		Contract <u>A-10/</u> Costs All Systems	applicable to		.			
		Direct Costs Properly C Contract A-101 for 3/2/58	Week Ending					
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